PRINTED: 11/27/2012 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICARE &	MEDICAID SERVICES			<u> </u>	THE CHAIR LAND	3. 0000-000 T
	of deficiencies Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPI LDING	LE CONSTRUCTION CO. 1 3 ZOIZ	(X3) DATE SU COMPLET	
		345460	B. WIN	1G		11/0	8/2012
	ROVIDER OR SUPPLIER D HEALTH CARE CENTE	ER.		20	EET ADDRESS, CITY, STATE, ZIP CODE 41 WILLOW ROAD REENSBORO, NC 27406		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	- 1	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 157 SS=D	A facility must immed consult with the resid known, notify the resi or an interested famil accident involving the injury and has the pointervention; a signific physical, mental, or p deterioration in health status in either life the clinical complications significantly (i.e., a nexisting form of treatr consequences, or to treatment); or a decist he resident from the §483.12(a). The facility must also and, if known, the resident rights under regulations as specified in §483.15 resident rights under regulations. The facility must record the address and pholegal representative of this REQUIREMENT by: Based on record rev	liately inform the resident; ent's physician; and if dent's legal representative y member when there is an e resident which results in tential for requiring physician cant change in the resident's esychosocial status (i.e., a n, mental, or psychosocial reatening conditions or); a need to alter treatment eed to discontinue an	F	157	The statements include an admission and do no constitute agreement walleged deficiencies her The plan of correction completed in the compostate and federal regulations outlined. To remain it compliance with all festate regulations the cetaken or will take the aforth in the following correction. The follow of correction constitute center's allegation of compliance. All allegate deficiencies cited have will be completed by the indicated. F157 How corrective will be accomplished resident found to have affected by the deficipractice— Resident #131: MD of 11/8/12 to discontinue dose of Lorazepam 1 in the constitution of the constitution of the completed by the deficipractice— Resident #131: MD of 11/8/12 to discontinue dose of Lorazepam 1 in the constitution of the constitution	ed are not of vith the erein. is oliance of ations as actions set plan of ving plan es the ed e been or the dates action for each ve been ient	2/07/2012

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

If continuation sheet Page 1 of 23

(X6) DATE

2/5/12

LABORATORY DIRECTOR'S OF PROVIDEN SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

		VICTIONID SERVICES				DATE OF THE	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1,,	ULTIPI LDING	LE CONSTRUCTION	(X3) DATE SUF COMPLET	
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F 157	anti-anxlety medication multiple occasions for whose medications w #131). Findings inclused in Fernica in Fern	on was held for sedation on a 1 of 10 sampled residents bere reviewed (resident de: dmitted to the facility on diagnoses including anxiety, severe dementia with and history of falls. Review of record revealed physician for lorazepam (anti-anxiety) ally twice daily, orders dated (antidepressant, sedative) bedtime, orders dated (antidepressant, sedative) bedtime, and orders dated (antipsychotic) 25mg every rmation Handbook, 14th : "Ativan (lorazepam) - s - use with caution in patientscauses CNS em) depression resulting in confusion, or ataxia. Drug NS depressants may ects of lorazepam. Desyrel gs/Precautions - trazodone dationsedative effects may r CNS depressants. ngs/Precautions - causes ffects of CNS depressants or causes (quetiaplne) - Adverse 10% - somnolence. Drug ine increases levels of cts of other centrally-acting	F	157	F157 How corrective ac will be accomplished for residents having the post to be affected by the sandeficient practice— Licensed Nurses will be educated on MD notifica any residents medication administerred for 3 consedays. All residents' medication administration records waudited during monthly transition of residents' Madministrative nursing st (DON, Unit Managers, a nurse) to ensure accuracy physician orders by 12/1	tion r those tential ne re- tion for not ecutive IAR by aff and SDC y of all	07/2012

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F 157	Review of the minimum 9/18/12 revealed the cognitively impaired, resident required externation activities of daily living. Review of the resider revealed approaches adverse reaction to midrowsiness, orthostation behavior, insomnia). Review of the resider administration record written entry dated 10 order which read "hold the MAR revealed the was held from 10/4/1 the nurses' initials be of lorazepam was held 10/19/12, 10/20/12, 1 and 10/30/12. Review Seroquel 25mg was 6 MAR revealed trazod nightly at 10PM. The 50mg was given nightly at 10PM. The 50mg was given nightly at 10PM. The 50mg was given nightly at 10PM. The some work of the October revealed no documer resident's sedation, in that the physician had In an interview on 11 stated if the nurses' in MAR, it meant the midreviewed the resident reviewed	m data set (MDS) dated resident was severely The MDS revealed the ensive assistance with his g. at's care plan dated 9/25/12 which included monitor for redications (dizziness, ic hypotension, changes in at's October 2012 medication (MAR) revealed a hand b/3/12 below the lorazepam of for sedation." Review of a 8AM dose of lorazepam 2 - 10/31/12, as indicated by ing circled. The 9PM dose of on 10/16/12, 10/18/12, 0/21/12, 10/28/12, 10/29/12, w of the MAR revealed given nightly at 8PM. The one 100mg was given MAR revealed hydroxyzine thy at 8PM until it was 5/12. ar 2012 nursing notes intation regarding the is medication being held, or	F	157	F157 Measures to be purplace or systemic changemade to ensure practice not re-occur: Transition to electronic will be completed by 12 Chart Checks will be do MF by Unit Managers include review of all new discontinued orders, drawnd medications not administered. DON/and Managers will audit M. sample of census X 2 v 4 weeks, X1 weekly X 4 monthly X 1 for accurate MAR and MD notification needed.	of in ges e will MARS /31/12. The daily to worders, ft orders I or Unit AR 10% weekly X I, and ey of	2/07/2012

Event ID: B3LE11

PRINTED: 11/27/2012 FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SUF COMPLET	
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F 157	wasn't sure what the her nursing judgment medication was held In an interview on 11, stated the nurses' init MAR indicated the mistated the resident's lafter his other medical asleep she would not medication. The nursesident's other medisedation. Nurse #2 smedication for "3 day the physician." In an interview on 11, of Nursing (DON) states trained at orientation coordinator. She revident MAR and stated the imeant the medication policy was to notify the was held for three constaff was also supposed and sedation in the nistated she expected effects of the medical expectation was for the physician if a resident She expected the stamedication was held. The nurse responsible morning medications interview.	facility policy was but stated was to call the physician if a for three consecutive days. 18/12 at 5:40PM, Nurse #2 ials being circled on the edication was held. She orazepam was usually given ations. If the resident was awaken him to give the eatted she was aware the cations may also cause tated she would hold at the mursing staff was by the staff development lewed the resident's October nurses' initials being circled in was held. The facility he physician if a medication insecutive days. The nursing sed to document held doses sursing notes. The DON the staff to know the side tions they administered. Her the staff to notify the thad continuous sedation. If for three days.	F 157	F157 How facility will corrective action(s) to deficient practice will occur: Chart Checks will be do M-F by Unit Managers include review of all ned discontinued orders, monot administered, and dorders. DON/and or Un Managers will audit M. sample of census X 2 v 4 weeks, X1 weekly X monthly X 1 for accura MAR and MD notificationeded. Plan of Correction/Audito be discussed in week Risk Management mee Quality Assurance Commeeting X 1 quarter for intervention if needed.	monitor ensure not re- one daily to ew orders, edications lraft hit AR 10% weekly X 4, and hey of tion as lit results kly QA ting and hmittee r further	/07/2012

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					<u>, 0938-0391</u>
	OF DEFICIENCIES CORRECTION	(X1) PROVIOER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		E CONSTRUCTION	(X3) DATE SUR COMPLETE	
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		345460	1			11/08	3/2012
	ROVIDER OR SUPPLIER D HEALTH CARE CENTE	ER.		20	EET ADDRESS, CITY, STATE, ZIP CODE 141 WILLOW ROAD REENSBORO, NC 27406		:
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	lorazepam 1mg.	e the morning dose of		157	The statements included	. 1	/07/2012
F 323 SS=D	as is possible; and ea	SION/DEVICES ure that the resident as free of accident hazards	F	323	an admission and do not constitute agreement with alleged deficiencies here. The plan of correction is completed in the complia state and federal regulatioutlined. To remain in compliance with all fede state regulations the cent	h the in. ance of ons as ral and er has	
	This REQUIREMENT is not met as evidenced by: Based on observations, medical record reviews, facility policy review, resident interviews and staff interviews the facility falled to provide supervised smoking for residents that were assessed to require supervision while smoking. This was evident for 2 of 2 residents observed smoking unsupervised. (Resident #81 and Resident #40) Findings included:			THE THE PARTY OF T	taken or will take the act forth in the following pla correction. The following of correction constitutes center's allegation of compliance. All alleged deficiencies cited have b will be completed by the indicated.	nn of ng plan the	
	dated 11/08/12 Resident cumulative diagnose: dementia, schizophre to the BIMS (brief Intwas cognitively intactoriented and was ablindependently. He refrom the staff for all a including assistance A review of Resident 09/05/12 revealed "	quired minimal assistance activities of daily living					

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		345460	B. WIN	IG		1 1	1/08/2012
	OVIDER OR SUPPLIER D HEALTH CARE CENTE	:R		20	EET ADDRESS, CITY, STATE, ZIP CODE 041 WILLOW ROAD REENSBORO, NC 27406		
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F 323	apron when smoking, smoking as ordered to will not have ignition or resident will smoke sitimes of before and a only smoke in design. A review of the Psych Management for Res revealed the doctor dextremely declined "revealed staff reques increased psychosis, baseline in patient wire Resident # 81 was as impaired recent mem A review of the Safe completed on 10/25/revealed, "under Coresident had no short and poor ability for momunicate effective demonstrated unsafe matches or lighter an IDT (interdisciplinary unsafe smoker required A review of the facility Acknowledgement deather resident. During an interview was 3:55 PM indicated she policy to Resident #8 understood, so she in form. She further indiving about the smoking remember that he neithe smoked.	led the resident will wear offer alternatives to by the doctor, the resident sources in his possession, upervised at designated fter each meal. Resident will ated area. Iniatry Evaluation and ident #81 on 10/04/12 ocumented "the patient. An assessment on 11/5/12 ted a visit secondary to talking to self worse than the chronic schizophrenia. It is essed to have moderately ory and judgments. Smoking Assessment and judgments. Smoking Assessment and judgments. It for Resident #81 gnition Function, the term or long term memory emory recall. "He did not ely with others and technique for putting out disposing of the ash. The team) determined he was an ing constant supervision. y's Patient Smoking ated 10/25/12 was signed by with SW #1 on 11/08/12 at e explained the smoking	L.	323	The statements included ar an admission and do not constitute agreement with alleged deficiencies herein. The plan of correction is completed in the complian state and federal regulation outlined. To remain in compliance with all federa state regulations the center taken or will take the action forth in the following plan correction. The following of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have be will be completed by the cindicated.	e not the . ce of ns as ! and has ons set of plan ne	12/07/2012

Facility ID: 943221

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 323	in a chair in the courty 11/06/12 at 2 PM and There was no staff m resident while he was was not wearing a pro no staff member obse resident while he was observations were ma Resident # 81 was ob PM to be in the courty supervision, no smok a cigarette. Resident outside all day." On 11/07/12 at 3:00 f #1, she interrupted th the smoking courtyan cigarette from resider process of lighting a resident's (Resident f 1 inch in length) while Nurse #1 was taking Resident #40, Reside cigarette butt and too butt. Nurse #1 state supervised when they in the courtyard. " Re have a smoking apro wheelchair. Resident apron. Nurse #1 repe supposed to be consi wearing an apron." back to the nurses' s in the courtyard smok During an interview w	yard alone smoking on a lon 11/07/12 at 4:46 PM. ember sitting with this amoking. Resident # 81 offective apron. There was erved to be sitting with the sin the courtyard when ade. Inserved on 11/07/12 at 12:48 of the courtyard when ade. Inserved on 11/07/12 at 12:48 of the courtyard with no staff and with no staff and removed a partially literated and self-the partially literated from another and the courtyard. As the partially literated from the cigarette from another and the partially literated to be a smoke and there is no staff and the partially and there is no staff and and there is no staff and the partially supervised and she wheeled resident #40 make a smoking ated resident #40 make a smoking ate	Ę	323	1. F323 How corrective will be accomplished for resident found to have affected by the deficient practice— Resident # 81: SW met resident and RP and revised acknowledgement and new supervised smoking 11/3 Resident informed cannowling courtyard with supervision, but can sit in non smoking courty on front porch at any time can sit in smoking courty when supervised. Resident #40: SW met resident and RP and revised acknowledgement and new supervised smoking 11/3-11/8/12 Staff member at to smoking courty and 10am-5pm—11/7/12 Licensed Nurse CNA responsible to che smoking courty and to veresident #81 and resider are not smoking unsupe and document findings.	with iewed seed for 8/12. ot sit in out outside rd and ne, and yard with iewed seed for 8/12 assigned I-F e and or eckerify that nt #40 cryised	12/07/2012

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 323	An interview with the at 4:00 PM revealed who were smokers are were in serviced regard policy and rules. All rewere assessed; using assessment and each smoking acknowledg were aware of the rul. Then all staff and fan responsible parties were added to the call and families) were to and the ignition source. Nurse's station. The checking the courtyal sure there is no reside constant supervision administrator stated begged Resident #8 him one. "She continuing spoke with both resides signed off on the ack issued a 30 day d/c (members will be continuing assessment indicated the resident supervision while smexplained constant supervision whi	administrator on 11/07/12 on 10/25/12 all the residents and even all the non smokers arding the new smoking esidents that were smokers as a safe smoking in resident signed the ement which indicated they es and would follow them. They members including the ere notified of the smoking is smoking assessments are plans. They (all residents id not to share cigarettes, eas were all to be kept at the staff was supposed to be ard every 15 minutes to make eent outside who needed	F 32:	-Unit education on Smoneeding supervision, smotimes, and/or smoking a was done 10/25/12; and -Resident #81 and Resident #81 and Resident member assigned to smoking after meals and - Care plans for each resident who were assessed as no supervision when smoking re-checked and updated 12/5/12 by Nurse Consumil be accomplished for residents having the period to be affected by the said deficient practice — -11/8/12 Staff member at to smoking courtyard Milloam-5pm —11/7/12 Licensed Nurse CNA responsible to che smoking courtyard every minutes on Saturday, Suand 5pm to 10am M-F to that resident #81 and residentings.	oking prons 11/8/12. lent #40 oking no staff oking rvised d at HS". sident eeding ing were on ultant. e action or those otential one assigned -F e and or ck y 15 unday o verify sident	

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 323	out of the smoking to he did not give a cigar was unsure how Res or the cigarette reside. An interview with the AM revealed he was "I cannot go outside be outside alone, my yesterday and they (skicked out if he smoking rules or that someone with him. He receive his blessings An interview with the 9:05 AM explained Resident # 81 took the out of the smoking it when he gadministrator attempt Resident # 81 took the out of the smoking to a butt out of the tower the 30 day discharge a systems error they 2. According to the massessment dated 2/ admitted with cumular (cerebral vascular ac weakness, anxiety aron the BIMS (brief in indicating he had pormemory deficits. He was or the cigar was a cigar ac weakness, anxiety aron the BIMS (brief in indicating he had pormemory deficits.	wer and was smoking it and trette to Resident # 40. She ident # 81 got the lit cigarette ent # 40 was trying to light. resident on 11/08/12 at 8:55 sitting in his room. He stated because I am not allowed to brother was outside staff) told him I would be ed outside again. "He id not know about new he needed to have e enjoyed being outside to administrator on 11/08/12 at esident # 81 told her he took cigarette tower and started have it to Resident # 40. The red to demonstrate how he one inch lit cigarette butt wer. She was unable to take r because once the butt is igarette butt falls to the The administrator indicated notice was rescinded due to	F.	323	-11/30/12 another meeting by SW and Administrate all smokers and their responsive to review smoking and signed acknowledge form. This included "Not resident and/or family more fresidents would be pertously to share smoking materiother residents" -Residents identified as supervised smoking, destimes, use of apron will added to Unit Device list available for all staff damurse's station in folder will be responsible to ke updated with any change. Residents identified as supervised smoking will cigarettes and ignition so kept on nurse's cart. - Care plans for each responsible to who were assessed as nessupervision when smoking re-checked and updated 12/5/12 by Nurse Consultations.	or with ponsible of policy oment dembers or mitted als with meeding signated be of the dembers o	/07/2012

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 323	and mobility. Review of the Safe S completed on 10/25/1" under cognition stat term or long term mer memory recall. "Rescommunicate effective demonstrate safe technotomes or a lighter a disposing of the ash. physically unable to his while smoking. The If determined Resident supervision while smo protective gear. A review of Resident dated 08/09/11 when revealed the problem non-compliant with strapproaches/intervent included resident will only, resident will smodesignated smoking the staff spoke with family about resident smoking about resident smoking the staff spoke with family about resident will wear smoking the staff spoke with family about resident will wear smoking the staff spoke will be done recourtyard to validate to courtyard unsupervising the facility Patient Strated 10/25/12 was shis family member incomplete the facility's smoking by Social Worker (SV)	moking Assessment 2 for Resident #40 revealed us; the resident had short mory and poor ability for ident #40 was unable to ely with others, unable to hnique for putting out and also was unsafe while He was also assessed to be hold the smoking device of (interdisciplinary team) #40 required constant oking with the use of #40's Care Plan for smoking was it last reviewed " the resident is noking ". The ions dated 08/09/11 smoke in designated areas oke supervised during imes before and after lunch, y and resident as needed ng with supervision as n 1/23/12 included resident sources in his possession, oking apron when smoking. It2 included 15 minute ound the clock on smoking that resident is not in ed. noking Acknowledgement igned by the resident and dicating the understanding of policy. This was also signed	F	323	3. F323 Measures to be place or systemic changemade to ensure practice not re-occur -11/8/12 Staff member as to smoking courtyard M-10am-5pm -11/7/12 Licensed Nurse CNA responsible to check smoking courtyard every minute's on Saturday, Su and 5pm to 10am M-F to that resident #81 and resi #40 are not smoking unsupervised and docume finding -All new hires will receive ducation on smoking pot and 15 minute courtyard for smokers identified ne supervision and informat provided on Unit Device -11/30/12 another meetin by SW and Administrator all smokers and their responsible to review smoking and signed acknowledger. This included "No reside and/or family members or residents would be permit share smoking materials other residents"	es will signed F and or k 15 inday verify dent ent ve checks reding ion list. g held r with consible g policy ments. it	12/07/2012

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		345460	B. WA	IG		11/0	8/2012
	OVIDER OR SUPPLIER D HEALTH CARE CENTE	R	, , , , , , , , , , , , , , , , , , ,	26	EET ADDRESS, CITY, STATE, ZIP CODE 041 WILLOW ROAD BREENSBORO, NC 27406		
			·		REENSBORO, NO 27400		1
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F 323	3:44 PM revealed Re understand the smokinember signed the a be allowed to smoke. you he wants to smokand the staff will take continued, the staff will take continued, the staff with him while he smoduring an interview with 1/07/12 at 3:15 PM 40) was just out there wheeled himself back he was assessed as cannot help that other out there or he wheel cigarette. He was assout there with the staff On 11/07/12 at 3:00 F Nurse#1, she interrupout in the smoking copartially lit cigarette fr was in the process of the back of wheelcha (Resident #81), cigar length) while sitting in was taking the partial #40, Resident #81 gributt and took a drag f Nurse #1 stated "th supervised when they in the courtyard." Rehave a smoking aprowheelchair. Nurse #1 supposed to be constwearing an apron."	sident # 40 did not ing policy so his family cknowledgment for him to She stated "he cannot tell the he makes a hand gesture him out to smoke." She ould take him out and stay oked. with the Administrator on she stated "he (Resident # with a nurse. He must have to out there." She continued; an unsafe smoker, we residents can wheel him shimself outside to get a signed smoking times to be ff." PM while interviewing oted the interview and went urtyard and removed a om a resident #40 as he (smoking apron noted on ir), lighting a cigarette from rette butt (approx 1 inch in the courtyard. As Nurse #1 by lit cigarette from Resident abbed the 1 inch cigarette from the cigarette butt. ey are supposed to be y smoke and there is no staff esident # 40 was noted to in folded on the back of his repeated resident #40 station leaving resident # 81	F	323	-Residents identified as no supervised smoking, design times, use of apron will be placed on Unit Device list available for all staff daily nurse's station in folderResidents identified as no supervised smoking will he cigarettes and ignition sout kept on nurse's cart Care plans for each residn who were assessed as needs supervision when smoking re-checked and updated of 12/5/12 by Nurse Consultanguard -Documentation of 24 hr. minute checks for resident assessed as needing superwill be reviewed weekly a Risk Management meeting Quarterly Assurance Commeeting X 1 quarter for furintervention if needed. 4. F323 How facility will monitor corrective action ensure deficient practice not re-occur-11/8/12 Staff member as to smoking courtyard M-10am-5pm	gnated 1 e at e at e at e at e anted anter for ant. 15 ts vision ant. 16 grand grand mittee mittee mitter m(s) to e will signed	2/07/2012

PRINTED: 11/27/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		345460	B. W.N	G		11/0	08/2012
	OVIDER OR SUPPLIER D HEALTH CARE CENTE	R	STREET ADDRESS, CITY, STATE, ZIP CODE 2041 WILLOW ROAD GREENSBORO, NC 27406				
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F 323	An interview with the at 4:00 PM revealed of who were smokers at were in serviced regar policy and rules. All reverse assessed; using assessment and each smoking acknowledg were aware of the rul. Then all staff and fam responsible parties were added to the carner and families) were to and families) were to and the ignition source. Nurse's station. The schecking the courty as ure there is no reside constant supervision administrator stated begged Resident #8 him one. "She continus spoke with both reside signed off on the ack issued a 30 days. The Resident #81 told he out of the smoking to he did not give a cigar was unsure how Resor the cigarette reside. During an interview was 3:45 PM she stated soutside when he smokers.	administrator on 11/07/12 on 10/25/12 all the residents and even all the non smokers rding the new smoking esidents that were smokers a safe smoking a resident signed the ement which indicated they es and would follow them. hilly members including the ere notified of the smoking as smoking assessments are plans. They (all residents d not to share cigarettes, es were all to be kept at the estaff was supposed to be and every 15 minutes to make ent outside who needed	F	323	-11/7/12 Licensed Nurse at CNA responsible to check smoking courtyard every minute's on Saturday, Sur and 5pm to 10am M-F to that resident #81 and resident #40 are not smoking unsupervised and docume finding -All new hires will receive education on smoking pol and 15 minute courtyard of for smokers identified new supervision, and informat provided on Unit Device I-11/30/12 another meeting by SW and Administrator all smokers and their responsations to review smoking and signed acknowledgen This included "No resider and/or family members of residents would be permit share smoking materials wother residents" -Residents identified as no supervised smoking, design times, use of apron will be placed on Unit Device list available for all staff daily nurse's station in folder.	to 15 anday verify dent ent ent ent ent ent ent ent ent ent	12/07/2012

Facility ID: 943221

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		E CONSTRUCTION	(X3) DATE SU COMPLE	
			B. WIN		Balaka ka P		
	 	345460				11/0	08/2012
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F 323 F 329 SS=D	activity room. 483.25(I) DRUG RECUNNECESSARY DR Each resident's drug unnecessary drugs. drug when used in exduplicate therapy); or without adequate moindications for its use adverse consequence	regimen must be free from An unnecessary drug is any cessive dose (including for excessive duration; or nitoring; or without adequate ; or in the presence of es which indicate the dose		323	-Residents identified as a supervised smoking will cigarettes and ignition so kept on nurse's cartDocumentation of 24 hr minute checks for resider assessed as needing supe will be reviewed weekly Risk Management meetin Quarterly Assurance Commeeting X 1 quarter for fintervention if needed.	have urce 15 nts rvision at QA ng, and nmittee	12/07/2012
	resident, the facility n who have not used a given these drugs un therapy is necessary as diagnosed and do record; and residents drugs receive gradua behavioral interventic contraindicated, in ar drugs. This REQUIREMENT by: Based on record rev facility failed to assess medication for 1 of 10 (resident #131), and	i effort to discontinue these is not met as evidenced iew and staff interviews, the is potential sedation from			The statements included an admission and do not constitute agreement wit alleged deficiencies here The plan of correction is completed in the complia state and federal regulati outlined. To remain in compliance with all fede state regulations the cent taken or will take the act forth in the following placorrection. The following of correction constitutes center's allegation of compliance. All alleged deficiencies cited have be will be completed by the indicated.	h the in. ance of ons as ral and er has ions set an of ag plan the	

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 329	1. Resident #131 was 7/26/11 with multiple insomnia, psychosis, delusional features, a the resident's clinical orders dated 8/21/12 1mg (milligram) topics 4/9/12 for trazodone (100mg every night at 9/25/12 to decrease \$25mg every night at b. 7/11/12 for hydroxyzis 50mg every night at b. discontinued on 10/25 Lexicomp's Drug Info edition, stated in part Warnings/Precautions elderly or debilitated depression resulting confusion, or ataxia. CNS depressants may of lorazepam. Desyrowarnings/Precautions causes sedationsed additive with other CN Hydroxyzine - Warnir sedationsedative el are potentiated. Sero effects - greater than interactions - quetiap lorazepam. The effect drugs may be potential.	esident #27) whose iewed. Findings include: s admitted to the facility on diagnoses including anxiety, severe dementia with and history of falls. Review of record revealed physician for lorazepam (anti-anxiety) ally twice daily, orders dated (antidepressant, sedative) bedtime, orders dated Seroquel (antipsychotic) to bedtime, and orders dated (antihistamine, sedative) bedtime, which was 5/12. In a continuation of the con	F	329	F329 How corrective act will be accomplished for resident found to have be affected by the deficient practice — Resident #131: MD order 11/8/12 to discontinue modose of Lorazepam 1 mg. Resident #27: MAR was corrected on 10/20/12 and Medication error report completed 11/2/12.	each een dated rning	12/07/2012

Facility ID: 943221

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ι' '			(X3) DATE SURVEY COMPLETED	
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(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY	LD BE PRIATE	(X5) COMPLETION DATE
9/18/12 revealed the cognitively impaired resident required exactivities of daily livi. Review of the reside revealed approache adverse reaction to drowsiness, orthost behavior, insomnia). Review of the reside revealed a hand writhe lorazepam order sedation." Review of dose of lorazepam viol/31/12, as indicated. The 9PM drovided. The 9PM drovided. The 9PM drovided. The 9PM drovided. The MAR revealed Sero at 8PM. The MAR revealed Sero at 8PM. The MAR revealed Sero at 8PM. The MAR revealed sero at 8PM and the consultant pharmace. Review of the Octobrevealed no docume resident's sedation of the nursing notes in "alert and verbal." Toolservations of the Observations of the	e resident was severely . The MDS revealed the tensive assistance with his ng. ent's care plan dated 9/25/12 s which included monitor for medications (dizziness, atic hypotension, changes in ent's October 2012 MAR atten entry dated 10/3/12 below r which read "hold for of the MAR revealed the 8AM was held from 10/4/12 ed by the nurses' initials being ose of lorazepam was held on 10/19/12, 10/20/12, 10/21/12, and 10/30/12. Review of the quel 25mg was given nightly revealed trazodone 100mg 10PM. The MAR revealed was given nightly at 8PM until on 10/25/12 per the ist' recommendation. Deer 2012 nursing notes entation regarding the or his lorazepam being held. Indicated the resident was the nursing notes revealed no neassessment of the resident's feations.	F	329	will be accomplished for the residents having the potent to be affected by the same deficient practice— All residents who currently received psych meds and Expatches on 12/06/12 were reviewed for potential adversed medication effects and corresplication of the Butran psychology. Unit Managers and SDC was re-educated on Monthly transition of residents' Managers and state of the medication administration records with audited during monthly transition of residents' Managers, and state of the medication of the state of the	hose ntial Butran erse rect batch vill be AR. Il be AR by aff ad SDC of all 12. re- tion for not lays. at was or in-	12/07/2012
and 11/8/12 reveale	d no signs or symptoms of			service will be contacted telephone.	l by	:
	CONDER OR SUPPLIER D HEALTH CARE CENT SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From page 9/18/12 revealed the cognitively impaired resident required exactivities of daily livi Review of the reside revealed approache adverse reaction to drowsiness, orthosts behavior, insomnia) Review of the reside revealed a hand writhe lorazepam ordersedation." Review of dose of lorazepam vin/31/12, as indicated. The 9PM de 10/16/12, 10/18/12, 10/28/12, 10/29/12, MAR revealed Sero at 8PM. The MAR revealed no documer revealed	CORRECTION IDENTIFICATION NUMBER:	CONTIDER OR SUPPLIER Description SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 9/18/12 revealed the resident was severely cognitively impaired. The MDS revealed the resident required extensive assistance with his activities of daily living. Review of the resident's care plan dated 9/25/12 revealed approaches which included monitor for adverse reaction to medications (dizziness, drowsiness, orthostatic hypotension, changes in behavior, insomnia). Review of the resident's October 2012 MAR revealed a hand written entry dated 10/3/12 below the lorazepam order which read "hold for sedation." Review of the MAR revealed the 8AM dose of lorazepam was held from 10/4/12 - 10/31/12, as indicated by the nurses' initials being circled. The 9PM dose of lorazepam was held on 10/16/12, 10/18/12, 10/19/12, 10/20/12, 10/21/12, 10/28/12, 10/29/12, and 10/30/12. Review of the MAR revealed Seroquel 25mg was given nightly at 8PM. The MAR revealed trazodone 100mg was given nightly at 10PM. The MAR revealed hydroxyzine 50mg was given nightly at 8PM until it was discontinued on 10/25/12 per the consultant pharmacist' recommendation. Review of the October 2012 nursing notes revealed no documentation regarding the resident's sedation or his lorazepam being held. The nursing notes indicated the resident was "alert and verbal." The nursing notes revealed no documentation of an assessment of the resident's other sedating medications. Observations of the resident on 11/6/12, 11/7/12, and 11/8/12 revealed no signs or symptoms of	A BUILDING B. WING CONDER OR SUPPLIER DIFFICATION NUMBER: STR. DIFFICATION PUBLICATION NUMBER: SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 9/18/12 revealed the resident was severely cognitively impaired. The MDS revealed the resident required extensive assistance with his activities of daily living. 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Review of the October 2012 nursing notes revealed no documentation regarding the resident's sedation or his lorazepam being held. The nursing notes indicated the resident was "alert and verbal." The nursing notes revealed no documentation of an assessment of the resident's other sedating medications. Observations of the resident on 11/6/12, 11/7/12, and 11/8/12 revealed no signs or symptoms of	CONTINUER OR SUPPLIER DEFINITION NUMBER BY A BURDING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 14 9/18/12 revealed the resident was severely cognitively impaired. The MDS revealed the resident required extensive assistance with his activities of daily living. Review of the resident's care plan dated 9/25/12 revealed approaches which included monitor for adverse reaction to medications (dizziness, drowsiness, orthostatic hypotension, changes in behavior, insomnia). Review of the resident's October 2012 MAR revealed a hand written entry dated 10/3/12 below the lorazepam order which read "hold for seadation." Review of the MRR revealed the 2012 MAR revealed a hand written entry dated 10/3/12 below the lorazepam was held from 10/4/12 - 10/36/12, 10/29/12, and 10/30/12. Review of the MAR revealed Seroquel 25mg was given nightly at 8PM. The MAR revealed trazodone 100mg was given nightly at 10PM. The MAR revealed hydroxyzine 50mg was given nightly at 8PM until it was discontinued on 10/25/12 per the consultant pharmacist recommendation. Review of the October 2012 nursing notes revealed no documentation regarding the resident's sedation or his forazepam being held. The nursing notes indicated the resident was "alert and verbal." The nursing notes revealed no documentation of an assessment of the resident's other sedation or his forazepam being held. The nursing notes indicated the resident was "alert and verbal." The nursing notes revealed no documentation of an assessment of the resident's other sedation or his forazepam being held. The nursing notes indicated the resident was "alert and verbal." The nursing notes revealed no documentation of an assessment of the resident's other sedation or his forazepam to the foreth. Observations of the resident on 11/6/12, 11/1/12, and 11/8/12 revealed no signs or symptoms of service will be contacted.	COMPLET ON SUPPLIER 346460 347460 3

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SU COMPLE	
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F 329	stated if the nurses' in MAR, it meant the me reviewed the resident the lorazepam was he wasn't sure what the her nursing judgment medication was held. In an interview on 11/of Nursing (DON) state trained at orientation coordinator. She review MAR and stated the remeant the medication policy was to notify the was held for three constaff was also suppose and sedation in the nestated she expected the effects of the medication was for the physician if a resident She expected the state medication was held. In an interview on 11/onurses responsible for evening medications nurses' initials being the medication was held the med	18/12 at 3:09PM, Nurse #1 nitials were circled on the edication was held. She 's October MAR and stated eld due to sedation. She facility policy was but stated was to call the physician if a for three consecutive days. 18/12 at 3:56PM, the Director ted the nursing staff was by the staff development fewed the resident's October nurses' initials being circled a was held. The facility the physician if a medication insecutive days. The nursing fied to document held doses fursing notes. The DON the staff to know the side fions they administered. Her the staff to notify the thad continuous sedation. If to notify the physician if for three days. 18/12 at 5:40PM, one of the or giving the resident's (Nurse #2) stated the circled on the MAR indicated	F	329	Licensed Nurses will be educated on adverse medical effects with psych meds and correct application of the Butrans patch. Each Licen Nurse that was not physical present for in-service will be contacted by telephone. F329 Measures to be put it place or systemic changes made to ensure practice who tre-occur: Transition to electronic MA will be completed by 12/31 Chart Checks will be done M-F by Unit Managers to include review of all new of discontinued orders and draorders. DON/and or Unit Managers will audit MAR sample of census X 2 week 4 weeks, X1 weekly X 4, a monthly X 1 for accuracy of MAR and MD notification needed. Licensed Nurses will be educated on adverse medice effects with psych meds an correct application of the	I the nsed ly e n vill ARS /12. daily rders, aft 10% kly X and of as	12/07/2012

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 329	may also cause sed would hold medication then I'd call the physical then I'd call then I'd ca	ation. Nurse #2 stated she on for "3 days at the most, sician." ble for giving the resident's sawas unavailable for aled a physician's order dated ue the morning dose of sadmitted to the facility on ted on 11/8/10 with multiple rheumatoid arthritis and me. Review of the resident's aled physician orders dated Omcg/hr (microgram/hour) we weekly and orders dated to 50mcg/hr apply one patch trans and Duragesic are indicated for the management	F	329	Butrans patch. Each Le Nurse that was not phys present for in-service with contacted by telephone. F329 How facility will corrective action(s) to deficient practice will occur: Chart Checks will be do M-F by Unit Managers include review of all ned discontinued orders and orders. DON/and or Unit Managers will audit Masample of census X 2 values 4 weeks, X1 weekly X monthly X 1 for accura MAR and MD notification needed. Licensed Nurses will be educated on adverse meeffects with psych med correct application of the Butrans patch. Each Nurse that was not phy present for in-service values.	monitor ensure not re- one daily to w orders, I draft it AR 10% weekly X 4, and ey of tion as e edication ls and the he Licensed vsically will be	12/07/2012

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER D HEALTH CARE CENTE	:R		20	ET ADDRESS, CITY, STATE, ZIP CODE 41 WILLOW ROAD REENSBORO, NC 27406		
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F 329	was blocked off for B three days instead of the Butrans patch wa 10/5/12, 10/8/12, 10/nurse's initials were condicating the patch was corrected on 10/applied weekly as ord 10/31/12. Record review reveal Report for Butrans for 11/2/12 by the Direct indicated Butrans path but was applied even indicated there were the medication error. with no new orders g "error made at montificated the specific interior." Record review of the revealed no reports of Butrans patch. The nursing staff resisted Butrans was not in an interview on 11 stated the administrative Butrans was not in an interview on the days the medicated #1 stated she doubled #1 stated she	(MAR) revealed the MAR utrans to be applied every weekly. Review revealed s applied on 10/2/12, 14/12, and 10/17/12. The	L.	329	Plan of Correction/Audit representation to be discussed in weekly Risk Management meeting Quality Assurance Commeeting X 1 quarter for frintervention if needed.	QA g and ittee	12/07/2012

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE S COMPLI	
AND PLAN OF	CONTROLLOR	IDECTI FOR FOR FORMER'S	A. BUIL				
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F 329	of Nursing (DON) s checked on the 20- administrative nurs MARS versus the t new MARS were c	11/8/12 at 4:09PM, the Director stated the MARS were usually -24th of each month by the less. First they checked the lelephone orders. Then the hecked against the old MARS.	F	329			12/07/2012
F 425 SS=D	added to the new of the checked and signed For weekly administ MARS should be to medication was to days it was not give been blocked off worders, the nuresponsible for blocked the MAR. administrative nurse blocked the MAR. administrative nurses that gave to directions on the Mordered. 483.60(a),(b) PHA ACCURATE PRO The facility must pure drugs and biologic them under an aging \$483.75(h) of this	meck, all new orders were MARS. The new MARS were and by two administrative nurses. Stration, the DON stated the blocked off on the days the be given and X'd out on the en. The MARS should have when they were checked. For area that took the order was cking the MAR. The DON obser MAR for resident #27 and at sure who had checked and Her expectation was for the ses to check the orders and S correctly. She expected the he medications to check the MAR and give medication as RMACEUTICAL SVC - CEDURES, RPH Trovide routine and emergency als to its residents, or obtain reement described in part. The facility may permit and to administer drugs if State	F	425			
	supervision of a lic	nly under the general censed nurse. vide pharmaceutical services	-				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPO	LE CONSTRUCTION	(X3) DATE SU	
ANDILARO	CONNECTION	IDENTIFICATION NOMBER	A. BUILDING			
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE,	(X5) COMPLETION DATE
F 425	(including procedures acquiring, receiving, cadministering of all drithe needs of each result a licensed pharmacist on all aspects of the particles in the facility. This REQUIREMENT by: Based on record revifacility failed to accurate orders to the medication and monthly physician	that assure the accurate dispensing, and ugs and biologicals) to meet ident. doy or obtain the services of the who provides consultation provision of pharmacy is not met as evidenced ew and staff interviews, the ately transcribe physician ion administration recording order sheet for 2 of 10	F 425	The statements included an admission and do not constitute agreement wit alleged deficiencies here. The plan of correction is completed in the complisate and federal regulatioutlined. To remain in compliance with all federate state regulations the central taken or will take the act forth in the following place correction. The following of correction constitutes center's allegation of compliance. All alleged deficiencies cited have by will be completed by the	h the in. ance of ons as aral and ter has aions set an of the open or	12/07/2012
COOL OHS 25	reviewed (residents # 1. Resident #110 was 12/8/09 and readmitted diagnoses including of stent placement, history accident, history of per history of carotid dise pain. Review of the revealed physician or Plavix 75mg (milligrar (enteric coated) 325m needed). Plavix and agents used for proph patients at risk for car Record review reveals	Aspirin are anti-platelet hylaxis and treatment of diovascular events. ed physician orders dated in the control of the contro	11 Fac	indicated. F425 How corrective as will be accomplished for resident found to have affected by the deficient practice— Resident #110 ASA order corrected on 11/8/12. Readmitted on 11//19/12 order dated 11/19/12 for verified as correct. Resident #27: MAR was corrected on 10/20/12 at Medication error report completed 11/2/12.	or each been at er 2 and ASA	Page 20 of 23

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345460	B, WING	3		11/	08/2012
	ROVIDER OR SUPPLIER D HEALTH CARE CENT	ER		204	ET ADDRESS, CITY, STATE, ZIP CODE II WILLOW ROAD REENSBORO, NC 27406		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 425	order sheet dated 11 325mg one tablet provided in a spirin EC 325mg or revealed no aspirin has been scheduled rathestated two administrative nurses MARS versus the tell new MARS were cheaded to the new MARS were cheaded to the new MARS decked and signed. In an interview on 11 of Nursing (DON) revealed in the second cheaded to the new MARS were cheaded to the new MARS were cheaded to the new MARS were cheaded and signed. In an interview on 11 of Nursing (DON) revealed in the stated two administratives of the second cheaded in the stated two administratives of the second cheaded in the stated two administratives of the second cheaded in the stated two administratives of the second cheaded in the stated two administratives of the second cheaded in the stated two administratives of the second cheaded in the stated two administratives of the second cheaded in the stated two administratives of the second cheaded in t	led the monthly physician /1/12 read "Aspirin EC n." The 2012 medication I (MAR) revealed an entry for the tablet prn. Review had been administered. ///////////////////////////////////	F	125	F425 How corrective action will be accomplished for the residents having the potent to be affected by the same deficient practice— Unit Managers and SDC wire-educated on Monthly transition of residents' MAI include: 1st check to ensure all telephone orders are on the mar; block days for medications that are not gived daily; checking against last months mar; 2nd check to compare new mar to the old and resolve any issues with orders; add any last minute orders. All residents' medication administration records will audited during monthly transition of residents' MA administrative nursing staff (DON, Unit Managers, and nurse) to ensure accuracy ophysician orders by 12/1/12	hose atial Ill be R to that the I mar be R by f I SDC of all	12/07/2012

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		E CONSTRUCTION	(X3) DATE SU COMPLET	
		345460	B. WN			11/0	98/2012
	ROVIDER OR SUPPLIER D HEALTH CARE CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2041 WILLOW ROAD GREENSBORO, NC 27406			1 170	10/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 425	of moderate to severed. The manufacturer's purchas read in part: Butrans patch is interested in part: Butrans patch is interested of the resider administration record was blocked off for Butrans patch was blocked off for Butrans patch was 10/5/12, 10/8/12, 10/9 nurse's initials were condicating the patch was corrected on 10/3 applied weekly as orchologically as orchologically applied weekly as orchologically as orchologica	roduct information for Administration - each aded to be worn for 7 days. It's October 2012 medication (MAR) revealed the MAR utrans to be applied every weekly. Review revealed a applied on 10/2/12, 14/12, and 10/17/12. The circled on 10/11/12, vas not applied. The MAR 20/12 and Butrans was dered on 10/24/12 and ed a Medication Error or resident #27, completed on or of Nursing. The report de at monthly to determine specific	F	425	F425 Measures to be place or systemic charmade to ensure pract not re-occur: Transition to electronic will be completed by a Chart Checks will be a M-F by Unit Managers include review of all not discontinued orders an orders. DON/and or Unit Managers will audit M sample of census X 2 4 weeks, X1 weekly X monthly X 1 for accura MAR and MD notification needed. -Unit Managers and SE re-educated on Monthly transition of residents include: 1st check to entitle all telephone orders are new mar; block days for medications that are not daily; checking against months mar; 2nd check to compare new mar to the and resolve any issues worders; add any last min orders.	nges tice will c MARS 2/31/12. lone daily s to ew orders, d draft nit AR 10% weekly X 4, and acy of tion as C will be y MAR to sure that on the r t given last to e old mar with	12/07/2012

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		345460	B. WIN	IG		11/	08/2012
	ROVIDER OR SUPPLIER D HEALTH CARE CENTI	ER		20	EET ADDRESS, CITY, STATE, ZIP CODE 041 WILLOW ROAD FREENSBORO, NC 27406		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 425	MARS versus the telenew MARS were che After the second chedadded to the new MAC checked and signed by the checked and signed by the checked and signed by the checked and stated she was not given been blocked off whenew orders, the nurse responsible for blocked and stated she was not blocked the MARS.	s. First they checked the ephone orders. Then the cked against the old MARS. ck, all new orders were aRS. The new MARS were by two administrative nurses. ation, the DON stated the cked off on the days the given and X'd out on the given and X'd out on the they were checked. For ea that took the order was ang the MAR. The DON or MAR for resident #218 not sure who had checked R. Her expectation was for reses to check the orders and	F	425	F425 How facility will more corrective action(s) to ensure deficient practice will not a occur: Chart Checks will be done of M-F by Unit Managers to include review of all new or discontinued orders and draft orders. DON/and or Unit Managers will audit MAR 1 sample of census X 2 week! 4 weeks, X1 weekly X 4, and monthly X 1 for accuracy of MAR and MD notification a needed. Plan of Correction/Audit rest to be discussed in weekly QARisk Management meeting a Quality Assurance Committed meeting X 1 quarter for furth intervention if needed.	ure re- laily ders, ft 0% ly X d x s	12/07/2012

10:12:47 a.m.

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES		PRINTED: 12/10/201 FORM APPROVE OMB NO. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	DLTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED DING 01 - MAIN BUILDING 01
		. 345460	B. WING	G
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, STATE, ZIP GODE
GUILFOI	RD HEALTH CARE CE	NTER		2041 WILLOW ROAD GREENSBORO, NC 27408
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
K 000	This Life Safety Co	de (LSC) survey was	K 00	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state
	at 42 CFR 483.70(a Health Care section publications. This fa utilizing North Caroli arrangements, and i sprinkler system.	s equipped with an automatic		and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies
	Door openings in sm 20-minute fire protect 1%-inch thick solid be protective plates that from the bottom of the Horizontal sliding do Doors are self-closing accordance with 19.00 not required to swing	.70 (a) FETY CODE STANDARD noke barriers have at least a stion rating or are at least onded wood core. Non-rated to not exceed 48 inches ne door are permitted. ors comply with 7.2.1.14. g or automatic closing in 2.2.2.6. Swinging doors are with egress and positive ed. 19.3.7.5, 19.3.7.6,	K 02	cited have been or will be completed by the dates indicated. K027 How corrective action will be accomplished by the facility to correct the deficient practice— The cross corridor doors on the 200 Hall, at the smoke compartment separation, will have a door gasket added to close the 1/8 of an inch gap. The door gasket was ordered on December 20, 2012. The door gasket will be replaced by January 20, 2013. K027 How corrective action will be accomplished for those residents having the potential to be affected by the same deficient practice—
	Based on the obsert on 12/6/2012 the folk observed as noncom separation for the 20 include: The cross compartment separa 1/8 of an inch.	not met as evidenced by: vations and staff interviews owing Life Safety item was pliant with the smoke 0 hallway, specific findings orridor doors at the smoke tion had a gap greater than		All cross corridor doors have been checked and measured and are in compliance. K027 Measures to be put in place or systemic changes made to ensure practice will not reoccur— Maintenance Director will inspect during monthly fire drills to ensure corridor doors are sealed properly. K027 How facility will monitor
K 047		70 (a) ETY CODE STANDARD RSUPPLIER REPRESENTATIVE'S SIGNA	K 047	corrective action(s) to ensure

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

PRINTED: 12/10/2012 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 345460 12/06/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2041 WILLOW ROAD **GUILFORD HEALTH CARE CENTER** GREENSBORO, NC: 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX Maintenance Director will inspect ATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG during monthly fire drills to ensure corridor doors are sealed properly. We will review findings during K 047 | Continued From page 1 K 047 quarterly QAA meetings. SS=D The statements included are not an Exit and directional signs are displayed in admission and do not constitute accordance with section 7.10 with continuous agreement with the alleged deficiencies illumination also served by the emergency lighting herein. The plan of correction is system. 19.2.10.1 completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth This STANDARD is not met as evidenced by: in the following plan of correction. Based on the observations and staff interviews The following plan of correction on 12/6/2012 the following Life Safety Item was constitutes the center's allegation of observed as noncompliant with the exit directional compliance. All alleged deficiencies signage, specific findings include: The exit cited have been or will be completed directional signage leading from the lower / East by the dates indicated. portion of the 100 hallway the 100 hallway nurses K047 How corrective action will be 01/20/13 station was incomplete as there was no accomplished by the facility to directional sign leading to the lobby corridor. correct the deficient practice -The facility will add an Exit directional CFR#: 42 CFR 483.70 (a) sign leading from the lower/East K 076 NFPA 101 LIFE SAFETY CODE STANDARD K 076 portion of the 100 hallway (the 100 SS=D hall nurses station) directing to the Medical gas storage and administration areas are Lobby corridor. protected in accordance with NFPA 99. Directional exit sign has been ordered Standards for Health Care Facilities. on December 20, 2012. The sign will be installed by January 20, 2013. (a) Oxygen storage locations of greater than K047 How corrective action will be 3,000 cu.ft. are enclosed by a one-hour accomplished for those residents separation. having the potential to be affected by the same deficient practice -(b) Locations for supply systems of greater than All other directional exit signs have 3,000 cu.ft. are vented to the outside. NFPA 99 been assessed and are in compliance. 4.3.1.1.2, 19.3.2.4 K047 Measures to be put in piace or systemic changes made to ensure practice will not reoccur-Maintenance Director will be monitoring daily during inspection rounds to ensure compliance. Facility ID: K047 How facility will monitor FORM CMS-2587(02-99) Previous Versions Obsolete Event ID: B3LE21 sheet Page 2 of 3 corrective action(s) to ensure deficient practice will not reoccur: Maintenance Director will be monitoring daily during inspection rounds to ensure compliance. Updates will be provided in quarterly

02:22:06 p.m. 12-20-2012 7/7

		AND HUMAN SERVICES				FOF	ED: 12/10/2012 RM APPROVED
STATEMEN	T OF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	IPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 01 - MAIN BUILDING 01				
	- 345480		B. WING			12/06/2012	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD			
GUILFORD HEALTH CARE CENTER				2	041 WILLOW ROAD GREENSBORO, NC 27406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DECERTISATION The statements included are not a	ON SHOULD BE COMPLETION DATE	
K 076	This STANDARD is Based on the obse on 12/6/2012 the fo observed as noncor oxygen cylinders, sp oxygen cylinders loc storage room had a	s not met as evidenced by: rvations and staff interviews llowing Life Safety item was appliant with the storage of pecific findings include: The cated in the 200 hallway mixture of full and empty oxygen cylinder side of the	K	076	The statements included are not a admission and do not constitute	encies tate d. To leral as forth n. of cies ted ll be age e all aders. ered co, be sid by or is 13. e or	01/20/13
ORM CMS-2567(02-99) Previous Versions Obsoleio Eyent ID: B3LE21				Facili	K076 How facility will monitor _corrective action(s) to ensure hdeficient practice will not reoccur Nursing staff will monitor daily on		ent Page 3 of 3
					rounds, during each shift. If there is issue, it will be addressed immediat Updates will be given at the quarter QAA Meeting.	ely.	
					•	1	(MA)